

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	/							51							
2		/						52							
3		2						53							
4		/						54							
5		/						55							
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11		/						61							
12		/						62							
13		/						63							
14		/						64							
15		/						65							
16		2						66							
17		3						67							
18		①						68							
19	/							69							
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45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	3							TOTAL IND.							
TOTAL DEP.	25							TOTAL DEP.							
TOTAL CLAIMS	28							TOTAL CLAIMS							